

# City of San Jose Healthy Neighborhoods Lifestyle Survey

## Youth Development - FY 2009-10

### Agency Name—Program Identification (Opt.)

Today's Date: \_\_\_\_\_ Please fill in your birth date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Please give us the first initial of your first name: First Name Initial \_\_\_\_

Please give us the first initial of your last name: Last Name Initial \_\_\_\_

**Please put an X in the box that best describes your opinion of Agency Name—Program Identification (Opt.):**

1. I think the program and activity I participated in was:

☐

Poor

☐

Fair

☐

Good

☐

Great

2. I feel I benefited from this program:

☐

Not at all

☐

Some

☐

A lot

3. I thought the people who run the program were:

☐

Very Helpful

☐

Somewhat Helpful

☐

Not Helpful

4. Would you tell a friend or schoolmate to come to this program if he/she needed it?

☐

Yes

☐

Maybe

☐

No

**Please put an X in the box that best describes your health today, mental and physical:**

5. My health overall is:

☐

Poor

☐

Fair

☐

Good

☐

Excellent

**Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..."**

**(Place a check or X in the box.)**

	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>
6. Because of this program, my success at school (job/training) is:				
7. Because of this program, my understanding of who I am and what I can do is:				
8. Because of this program, my ability to communicate is:				
9. Because of this program, my ability to learn new things is:				
10. Because of this program, my ability to connect with adults is:				
11. Because of this program, my ability to work with others is:				
12. Because of this program, my ability to stay safe is:				
13. Because of this program, my ability to interact with new people of all ages, both young and old, is:				
14. Because of this program, my knowledge of strategies to avoid smoking is:				
15. Because of this program, my knowledge of who to go to for help when I have a question about my health is:				

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20. How many months did you participate in this program (1 month=4 weeks)? \_\_\_\_.

21. Tell us what you liked or disliked most about this program and the activities you participated in.

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